



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D5143-1**

**Job Sheet 180204**



*SCRAP*

**Part No:** D5143-1

**Job Qty:** 3 ea

**Part Name:** Lug



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 7/31/18

**Job Tracking No:**

**Due Date:** 7/31/18

**Created By:** Jason Leroux

**Type:** Stock

**Description:**

**Note:** DWG REV a IPP Rev: A Verified by DD 14.10.14

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty   | Start Date | Due Date | Standard |      | Workcenter/Supplier   |           | Sign-off  |
|-------|------------------------|-------|------------|----------|----------|------|-----------------------|-----------|-----------|
|       |                        |       |            |          | Setup    | Run  | Workcenter / Supplier | Lead Time |           |
| 90    | Start up Operation     | 3 Ea  |            | 7/31/18  | 0.00     | 0.00 | Start Up Machining-1  |           | <i>ML</i> |
| 100   | CNC Vertical Machining | 3 pcs |            | 7/31/18  | 0.00     | 0.30 | HAAS1-5               |           | <i>ML</i> |
| 110   | QC                     | 3 pcs |            | 7/31/18  | 0.00     | 0.00 | QC2 Machining-5       |           | <i>ML</i> |
| 120   | QC                     | 3 pcs |            | 7/31/18  | 0.00     | 0.00 | QC8                   |           |           |
| 130   | HandFinish             | 3 pcs |            | 7/31/18  | 0.00     | 0.30 | HandFinish1           |           |           |
| 140   | Powdercoat             | 3 pcs |            | 7/31/18  | 0.00     | 0.30 | Powdercoat1           |           |           |
| 180   | QC                     | 3 pcs |            | 7/31/18  | 0.00     | 0.00 | QC3                   |           |           |
| 190   | Packaging              | 3 pcs |            | 7/31/18  | 0.00     | 0.00 | Packaging3-2          |           |           |
| 200   | QC21-SA                | 3 Ea  |            | 7/31/18  | 0.00     | 0.00 | QC21                  |           | <i>N</i>  |

Part Op 100 - Cut Blanks at 6.88" long \*\*\*Grain along 6.88" \*\*\* Machine as per Folio FB348 Folio Rev: \_\_\_\_\_ Dwg  
Descriptions: Rev: \_\_\_\_\_ 2-Deburr

140 - START TIME: \_\_\_\_\_ OVEN TEMPERATURE: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

### Job BOM

| Part / Item          | Component Name          | Quantity          | Operation             | Container      |
|----------------------|-------------------------|-------------------|-----------------------|----------------|
| M6061T6B2.500X04.500 | 6061-T6 Bar 2.50 X 4.50 | 2.4000 ft (.8 ea) | 90-Start up Operation | <i>5088998</i> |

*3x m134705*

### Job Allocations

| Operation             | Component Part       | Required | Inventory | Allocated |
|-----------------------|----------------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6B2.500X04.500 | 2        | 3         | 0         |

### Part Specifications

Specifications could not be found.

Plex 7/3/18 10:08 AM dart.leroux.jason



Container No: S088998

Part: D5143-1

Job No: 180204

Serial No/ Batch: S088998

Revision: A

Inspector:

Exp Date:

Instructions:

Date: 07/04/18

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1270 Aberdeen Street  
Hemel Hempstead, Herts AL3 1KJ  
UK  
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Email: sales@dartaero.com  
www.dartaero.com





DQA: \_\_\_\_\_ Date: 2018/07/04**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: <u>180204</u><br><br>Part No. <u>#1 #2 #3</u><br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input checked="" type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input checked="" type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date: <u>2018/07/04</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>Description Work Order Deviation</b><br><br><div style="font-size: 1.2em;">           2x → the hole pattern was off by .040"<br/><br/>           1x → the floor thickness was under tolerance by .040"<br/><br/>           R.C. part now during machining         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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destroy no replace.         </div>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  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| <b>Root Cause</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;">           No Re-verification <input type="checkbox"/><br/>           Operator <input checked="" type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input checked="" type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </td> <td style="width:33%; vertical-align: top;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/> <input checked="" type="checkbox"/> Drill Holes         </td> <td style="width:33%; vertical-align: top;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </td> </tr> </table> |  |  | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br><input checked="" type="checkbox"/> Drill Holes | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> |
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| Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Completed By</b><br><u>M.M</u><br><br><b>Lead hand / Supervisor Approval Verification</b><br><u>18/07/04</u><br><br><b>QC / QA Coordinator Approval</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                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